

**Crossroads CASA
Monthly Contact Log**

Name of Child: _____

CASA Volunteer: _____

Month: _____

Number of face-to-face meetings with Child: _____

Number of other contacts (phone, email, written): _____

Date	*Case Activity	**Type of Contact	Duration	Mileage

TOTAL HOURS SPENT ON CASA ACTIVITIES: _____

*Case Activity: person contacted; child, foster parent, biological parent, CASA office, other contacts (therapists, school, etc.), Court Hearing, DCS meeting, written reports.

**Type of Contact: In person (face-to-face), phone, written, email, and other contacts.